



**Health  
Information  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of a Restrictive Practice Thematic Inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Sacred Heart Nursing Home
Name of provider:	Sacred Heart Nursing Home Limited
Address of centre:	Crosspatrick, Johnstown, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	03 April 2025
Centre ID:	OSV-0005557
Fieldwork ID:	MON-0046782

## What is a thematic inspection?

The purpose of a thematic inspection is to drive quality improvement. Service providers are expected to use any learning from thematic inspection reports to drive continuous quality improvement which will ultimately be of benefit to the people living in designated centres.

Thematic inspections assess compliance against the National Standards **for Residential Care Settings for Older People in Ireland**. See Appendix 1 for a list of the relevant standards for this thematic programme.

There may be occasions during the course of a thematic inspection where inspectors form the view that the service is not in compliance with the regulations pertaining to restrictive practices. In such circumstances, the thematic inspection against the National Standards will cease and the inspector will proceed to a risk-based inspection against the appropriate regulations.

## What is 'restrictive practice'?

Restrictive practices are defined in the *Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013* as **'the intentional restriction of a person's voluntary movement or behaviour'**.

Restrictive practices may be physical or environmental<sup>1</sup> in nature. They may also look to limit a person's choices or preferences (for example, access to cigarettes or certain foods), sometimes referred to as 'rights restraints'. A person can also experience restrictions through inaction. This means that the care and support a person requires to partake in normal daily activities are not being met within a reasonable timeframe. This thematic inspection is focussed on how service providers govern and manage the use of restrictive practices to ensure that people's rights are upheld, in so far as possible.

**Physical** restraint commonly involves any manual or physical method of restricting a person's movement. For example, physically holding the person back or holding them by the arm to prevent movement. **Environmental** restraint is the restriction of a person's access to their surroundings. This can include restricted access to external areas by means of a locked door or door that requires a code. It can also include limiting a person's access to certain activities or preventing them from exercising certain rights such as religious or civil liberties.

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<sup>1</sup> Chemical restraint does not form part of this thematic inspection programme.

## About this report

This report outlines the findings on the day of inspection. There are three main sections:

- What the inspector observed and residents said on the day of inspection
- Oversight and quality improvement arrangements
- Overall judgment

In forming their overall judgment, inspectors will gather evidence by observing care practices, talking to residents, interviewing staff and management, and reviewing documentation. In doing so, they will take account of the relevant National Standards as laid out in the Appendix to this report.

**This unannounced inspection was carried out during the following times:**

Date	Times of Inspection	Inspector of Social Services
Thursday 3 April 2025	09:30hrs to 17:00hrs	John Greaney

## What the inspector observed and residents said on the day of inspection

This was an unannounced inspection, which focused on the use of restrictive practices in the designated centre. Findings of this inspection were that management and staff had a commitment to providing person-centred care to residents. On the day of inspection the atmosphere was relaxed and care was seen to be delivered by kind and familiar staff, who were knowledgeable about residents' individual needs and their wishes.

The centre was first opened in 1984 and has been extended over time to its current capacity for 48 residents. There were 46 residents living in the centre on the day of this inspection. Bedroom accommodation comprises 25 single bedrooms, five twin bedrooms, three triple rooms and one four-bedded room. Twenty three of the single rooms and two twin rooms have en suite facilities, while the remaining bedrooms have a wash hand basin in the room. There are two distinct wings on either side of the main entrance. Thirty five of the residents are accommodated in one wing and thirteen residents are accommodated in the other wing. There are communal areas in both wings and residents are free to move between the wings.

The inspector arrived to the centre on the morning of the inspection and rang the doorbell at the main entrance. The front door is operated with a keypad controlled lock. A member of the nursing staff answered the front door and directed the inspector to the library. The inspector was informed that none of the residents use the front door code but they can have the code if they wish. The centre is in a rural area of Co. Kilkenny and is too far from the nearest village for residents to walk there and it would also be unsafe for residents to walk on the main road.

Following arrival, an introductory meeting was held with the Operations Manager and the acting assistant director of nursing (A/ADON). Following the meeting the inspector took a tour of the centre with the Operations Manager. On the walk around, the inspector met with the person in charge, who was providing oversight of clinical care in the centre. Many residents were still in their rooms, either resting or being supported by staff with personal care and hygiene.

Throughout the day, the inspector observed that the atmosphere in the communal areas was calm, relaxed and inviting. The newer sections of the building were bright, nicely decorated and clean. It was evident that parts of the centre had recently been painted. During the walk around it was easy to discern the various extensions to the premises. One of the older wings had a narrow corridor and was not as bright as other areas of the centre. The inspector viewed a number of the bedrooms and saw that many contained personal items such as family pictures, ornaments and books.

While most bedrooms had adequate wardrobe space for residents to store their personal clothing, a review was required of some rooms. For example, one resident's wardrobe comprised entirely of shelving and there was no place for the resident to hang their clothes. Some other wardrobes were in need of attention, due to missing shelves at the base of the wardrobe and a missing door handle on another.

There was adequate private and communal space for residents to relax in throughout the centre. There are two large sitting rooms, a small oratory, a library and two dining rooms. The larger sitting room is located near the main entrance and most residents that avail of the communal areas spend their time here. The second sitting room is located on the other side of the centre. There is an incomplete partition dividing this sitting room, with an inner area that is not really used by residents and an outer conservatory area. The conservatory area is bright and is used by residents that wish and to have a quieter space to relax. There appeared to be a lack of storage space as the inner area of this sitting room was used to store wheelchairs, large comfort chairs, a hoist and walking frames. This detracted from the potential to provide a homely feel to this room.

There were three dining rooms, two of which are adjacent to each other and the third is across the corridor. There is insufficient space for all residents to dine here at once, hence there are two sittings for meal times. Some residents chose to remain in the sitting rooms for meals and were served their meals on small tables. Discussions with some of these residents indicated that they choose to eat here. One resident stated that some days they "go to the dining room and other days I don't feel like going there". The inspector observed the mealtime experience. The menu was on display on a board immediately outside the dining room and a paper copy of the menu was also placed on each table. The main course on offer on the day of the inspection was boiled bacon or beef stew. Residents were facilitated to have alternatives to what was on the main menu, should they wish from something else. For example, one resident was having sausages as she said that was what she preferred. Residents spoken with were complimentary of the quality of food, with one resident saying "the food is marvellous". There were sufficient numbers of staff available to assist residents at mealtimes and this assistance was provided in a calm, respectful and appropriate manner. Staff were conversing with residents throughout the meal.

There is a patio area that can be accessed from the dining room, which is also used as a smoking area for residents. There is a call bell here and suitable fire fighting equipment. The patio leads to a secure garden and this area can be accessed from doors leading from the corridor on one of the bedroom wings. These doors are unlocked and residents are free to access the outdoor area throughout the day. It was sunny but cold on the day of the inspection and the inspector did not observe many residents avail of the outdoor space.

There were notice boards which displayed information for residents such as the complaints process and advocacy services. There was Mass held in the centre weekly on Wednesdays in addition to being streamed on television daily. There were photographs on display in corridors of activities such as a vintage themed tea party, birthday parties and artwork which had been completed by residents as part of the activity provision within the centre. One resident said that there's "always something to do". Other themed celebrations included Valentine's day and St. Patrick's day. There were also activities based around other themes such as food and nutrition week and Seachtain na Gaeilge (a week of promoting Irish language and culture). Residents had access to television, radio and newspapers and the mobile library visited the centre monthly.

Clinical, storage and ancillary rooms within the centre were not accessible to residents. Residents living in the centre had access to a range of assistive equipment such as powered wheelchairs and walking aids, to enable them to be as independent as possible. Residents spoken with stated they felt supported with these measures.

The inspector observed that there were sufficient staff on duty to cater for the needs of residents, as evidenced by staffs' timely assistance to residents throughout the day in a prompt, respectful and unhurried manner. Residents had choice within their day to day lives, for example; choice of meals, what activities they took part in and where they spent their day. The overall feedback from residents was positive and they told the inspector that they enjoyed their life and were complimentary about the care they received. Some comments from residents included "I don't think I'd find a better place, it's very homely" and "it's a very good nursing home, it's well run".

## Oversight and the Quality Improvement arrangements

There was effective governance and leadership evident in Sacred Heart Nursing Home. Management and staff working in the centre demonstrated a commitment to quality improvement with respect to the reduction of restrictive practices, person centred care and the promotion of residents' rights.

The person in charge (PIC) and assistant director of nursing (ADON) had completed the self-assessment questionnaire prior to the inspection and assessed all of the eight standards relevant to restrictive practices as being compliant.

The registered provider of Sacred Heart Nursing Home is Sacred Heart Nursing Home Limited, which is family owned and operated. The company comprises three directors, and all have a presence in the centre on a daily basis. Day to day operations are overseen by two directors, one is the person in charge and the other is the operations manager. The third director visits the centre daily and spends time chatting with residents. Discussions with residents confirmed that all three directors are well known by the residents.

There was a clearly defined management structure in place that identified lines of accountability and responsibility, so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable. The registered provider had prepared and maintained a statement of purpose and function that clearly outlined the service it aimed to provide. The statement of purpose and function was up to date.

There was good oversight of training by management. Staff had received up to date training relevant to their role in areas such as the safeguarding vulnerable adults, behaviours that challenge restrictive practice and dementia awareness. The inspector was satisfied that there were adequate numbers and skill mix of staff on the day of the inspection to support the provision of care to residents in a manner that promoted their dignity and autonomy.

The inspector spoke with staff about restrictive practices and management of restraint. Staff members were knowledgeable and displayed good understanding of the definition of restraint. The centre had a policy on restraint, which was aligned to current practice. The centre maintained a record of restrictive practices in use in the centre. This was reviewed weekly by nursing management and updated accordingly. On the day of inspection, five of 46 residents living in the centre were using bedrails, which were considered restrictive. There was an effective mechanism in place for the management of restrictive practice that monitored, recorded and reviewed the use of same. There is a multidisciplinary restraint committee that met regularly to review

restrictive practices within the centre. Audits were undertaken on the use of restrictive practice to monitor trends and areas for improvement. Restrictive practice was used as a last resort and for the least amount of time. The inspector was satisfied that no resident was unduly restricted in their movement or choices, due to a lack of appropriate equipment.

Pre-admission assessments were conducted by the person in charge to ensure the service could meet the needs of prospective residents. Following admission, care plans were developed to guide staff on the care to be provided. Care plans for residents who exhibited responsive behaviours were in place. The inspector reviewed a sample of these and found that they were updated at a minimum of four monthly and contained an adequate level person-centred information to guide care. There was good access to general practitioners and old age psychiatry services, to promote good outcomes for residents.

Residents were provided with opportunities to express their feedback about the quality of the service, during residents' meetings. Discussions with residents and staff indicated that residents' feedback was acted upon to improve the service they received in areas such as menu choices and the activities programme. Records of residents' meetings could be enhanced through the addition of an action plan to clearly outline that all issues raised at meetings were addressed.

Staff and managers at the centre possessed a good understanding and knowledge of residents' rights. Residents were made aware of their rights at residents meetings and there were posters on display in the centre to provide information about making a complaint and the availability of advocacy services.

The person in charge maintained a complaints register for the service. The inspector reviewed the complaints log and found that only two complaints had been recorded since the last inspection in June 2024. Written responses were issued to both complainants demonstrating that adequate investigations had been conducted and the issues raised were resolved to the satisfaction of the complainant.



## Overall Judgment

The following section describes the overall judgment made by the inspector in respect of how the service performed when assessed against the National Standards.

### Compliant

Residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use of restrictive practices.

### The National Standards

This inspection is based on the *National Standards for Residential Care Settings for Older People in Ireland (2016)*. Only those National Standards which are relevant to restrictive practices are included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the resident.

The standards are comprised of two dimensions: Capacity and capability; and Quality and safety.

There are four themes under each of the two dimensions. The **Capacity and Capability** dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a residential service for accountability, decision-making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for people for the money and resources used.
- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs and preferences of people in residential services.
- **Use of Information** — actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The **Quality and Safety** dimension includes the following four themes:

- **Person-centred Care and Support** — how residential services place people at the centre of what they do.
- **Effective Services** — how residential services deliver best outcomes and a good quality of life for people, using best available evidence and information.
- **Safe Services** — how residential services protect people and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and Wellbeing** — how residential services identify and promote optimum health and wellbeing for people.

List of National Standards used for this thematic inspection:

## Capacity and capability

Theme: Leadership, Governance and Management	
5.1	The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare.
5.2	The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.
5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.
5.4	The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.

Theme: Use of Resources	
6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

Theme: Responsive Workforce	
7.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.
7.3	Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.
7.4	Training is provided to staff to improve outcomes for all residents.

Theme: Use of Information	
8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.

## Quality and safety

Theme: Person-centred Care and Support	
1.1	The rights and diversity of each resident are respected and safeguarded.
1.2	The privacy and dignity of each resident are respected.
1.3	Each resident has a right to exercise choice and to have their needs and preferences taken into account in the planning, design and delivery of services.
1.4	Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.
1.5	Each resident has access to information, provided in a format appropriate to their communication needs and preferences.

1.6	Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines.
1.7	Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

#### **Theme: Effective Services**

2.1	Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximise their quality of life in accordance with their wishes.
2.6	The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs.

#### **Theme: Safe Services**

3.1	Each resident is safeguarded from abuse and neglect and their safety and welfare is promoted.
3.2	The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.
3.5	Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint-free environment in accordance with national policy.

#### **Theme: Health and Wellbeing**

4.3	Each resident experiences care that supports their physical, behavioural and psychological wellbeing.
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